

STATE OF COLORADO
Department of Local Affairs
LOCAL GOVERNMENT LIMITED GAMING IMPACT FUND APPLICATION
Planning, Construction and Maintenance of Public Facilities,
and Provision of Public Services Related to Gaming Impacts

A. GENERAL AND SUMMARY INFORMATION

1. Name/Title of Project: _____

2. Applicant: _____

3. Chief Elected Official

Name: _____ Title: _____

Mailing Address: _____ Phone: _____

4. Designated contact person for the Application:

Name: _____ Title: _____

Mailing Address: _____ Phone: _____

5. Brief Description of Project (100 words or less):

If this is a construction project, attach a map showing the location of the project

6. Local priority. Relative to other applications within the county, e.g. 1 of 2, 2 of 4, etc. _____

Note: The Department now requires local prioritization/ranking of projects. Be aware that the committee will consider other factors in addition to local ranking in order to make its final funding recommendation.

B. BUDGET & INFORMATION

PROJECT ACTIVITIES LIST	Total Cost	Project Funding			
		State Gaming Share	Other Funds Requested or Committed		
			Amount	Source	Status*

2. Applicant=s Financial Information

	Entity Name	Entity Name***	Entity Name***
a. Assessed Valuation (Year_____)		\$	\$
b. Mill Levy / Amount Generated			
c. Overlapping Mill Levy*			
d. Sales Tax Rate (%) / Annual Revenue	%	%	%
e. Long-Term Debt, by Type/Amount	/	/	/
f. Annual Budget** (_____Fund) Total (Year_____)			
Carry Forward (as of 1/1/_____)			

*** Use only in case of multi-jurisdictional or on-behalf-of applications to provide the requested information for other directly participating entities.

g. water	_____	_____	_____
Tap Fee	_____	_____	_____
Avg. Monthly User Charges****	_____	_____	_____
Number of Taps Served by Applicant	_____	_____	_____
Fund Carry Forward (as of 1/1/)	_____	_____	_____
h. Sewer*****	_____	_____	_____
Tap Fee	_____	_____	_____
Avg. Monthly User Charge****	_____	_____	_____
Number of Taps Served by Applicant	_____	_____	_____
Fund Carry Forward (as of 1/1/)	_____	_____	_____

****Fill in only for utility projects.

*****Divide sum of monthly residential revenues by number of residential taps served.

C. PROJECT JUSTIFICATION

1. What was the 1990 Census population of the applicant jurisdiction? _____ What was the 2000 Census population of the applicant jurisdiction? _____ List the current estimated population for the applicant jurisdiction (most recent lottery distribution estimate is acceptable)._____ What is the population projection for the applicant in 5 years? _____ What was the source of the estimate?

2. Attach to this application form Service Delivery Reports and Cost Recovery Form for the preceding calendar year documenting impacts incurred by the applicant from limited stakes gaming operations in Black Hawk, Central City, Cripple Creek and/or tribal lands.

3. Cite how the project will mitigate any adverse direct impacts associated with the limited stakes gaming operations.

4. List any expenses applicant has already incurred directly related to the need for this project.

5. Describe and calculate any local tax revenue benefits (property, sales or other) that have occurred within the jurisdiction attributable directly or indirectly to gaming activities. (Discuss methodology used to determine benefits.)

D. OTHER PROJECT INFORMATION

1. Why is the project needed? What are the specific goals of the project?

2. How were the cost estimates arrived at? Have preliminary engineering studies been completed? What additional design work must still be completed? **Use the "Physical Improvements Cost Estimate Worksheet," attached at the end of this section, for projects involving structures.**

3. Describe any in-kind contributions by type and value in support of this project.

Was the cash value of the in-kind contributions calculated into the Project Budget (B.1)? Yes _____ No _____

Was the cash value of volunteer time (if any) calculated into the Project Budget (B.1)? Yes_____ No_____

4. Why can't the project be funded locally? What other funding alternatives have been explored?

5. In the space provided, describe local commitment to the project, including local fees or regulations altered to ensure project success, local taxing efforts to address continuing development and maintenance needs, and local citizen support.

6. If the project is funded, what on-going operational obligations will be incurred? What is the applicant's plan for addressing these additional costs? When do you expect the project to start? When will it be completed?

7. If the project requires operating revenue (e.g. revenue to support operation/maintenance costs), attach a detailed budget showing current operating revenues and expenses or how such revenues and expenses will be addressed in the future.

8. Identify any capital improvements, service, facility, or other plan in which this project has been identified as a need. Does the applicant have a capital improvements program? Yes_____ No_____

9. Indicate below whether any of the proposed project activities will be undertaken in flood or geologic hazard areas, or will affect historical properties, etc. List applicable maps/studies reviewed in reaching this conclusion. Yes____ No____

10. List the names, titles and pertinent experience of the following persons who will be responsible for managing the project. If known, list the qualifications of the person(s) to be recruited or assigned each particular job.

- a. Project Manager (overall project administration) _____
 - b. Project Coordinator (day-to-day operations) _____
 - c. Fiscal Manager _____
 - d. Project Engineer _____
 - e. Project Architect _____
 - f. Consultant _____
-

Signature, (Applicant's Chief Elected Official or Chair of Non-Profit Corp.)

Local Government Sponsor Signature*

Name (typed or printed)

Name (typed or printed)

Title

Title

Date

Date

If a non-profit corporation, applicant must be sponsored by a statutorily eligible local government and obtain sponsor's signature on application.

For the Gaming Fund Application to be considered, **three signed copies** of the application, along with the Cost Recovery Form and the Service Delivery Report(s), must be delivered **by May 15th** to:

Department of Local Affairs
Local Government Limited Gaming Impact Program
1313 Sherman Street, Room 521
Denver, Colorado 80203

In addition, **one copy** of the application should be sent to the appropriate Board of County Commissioners.

For technical assistance, please contact Department of Local Affairs staff:

Eric Bergman or Glory Ortega, (303) 866-2771

PHYSICAL IMPROVEMENTS COST ESTIMATE WORKSHEET
Department of Local Affairs
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SOURCE OF ESTIMATE _____ DATE OF ESTIMATE _____

Action Number	Description	Number of Units or Size	Unit Price	Total Cost

EXAMPLE

Activity Number	Description	Number of Units or Size	Unit Price	Unit Cost
I	Acquisition of a Rescue Truck Installed			
	1. Chassis	One (1) Four-wheel Drive	\$40,000	\$40,000
	2. Pump	One (1) 250 GPM	3,000	3,000
	3. Tank	One (1) 500 gal.	1,500	1,500
	4. Design/Specifications		500	<u>500</u>
	TOTAL			\$45,000
II	Guard Rail Installation			
	1. Rails	50	\$52 (25 Ft. lengths)	\$2,600
	2. Posts	125	\$25	3,125
	3. Labor			<u>4,000</u>
				\$9,725